

# PSI, NEAR-DEATH, MIND AT LARGE: SOME POSSIBLE CONNECTIONS

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## *Introduction*

There are three types of experience related to "near-death": the near-death experience (NDE) made popular by Moody (1975); the older type of deathbed vision first compiled by Bozzano (1923) and Barrett (1926); in addition, a miscellany of phenomena, for example, apparent PK effects at the moment of death, crisis apparitions, death-related precognition and so forth. The third category is too unwieldy for this paper; I mention it to illustrate the wide range of possible psi effects related to the phenomenon of death. Apparently, there are different ways in which the condition of being "near" death may be psi-conducive. In this paper I look at some possible accounts of the apparent psi-conduciveness of death.

First, however, let us look at some varieties of psi-NDE interactions. In what follows, the term NDE is used broadly to refer to all types of death-related experience. For instance, the *subject* in the NDE may have an ESP episode or may be a PK agent in which, typically, his or her *personal physical effects* are paranormally influenced. (For instance, somebody's clock stops at the moment of death.) Moreover, *another* person, often emotionally linked to the near-death subject, may have an ESP experience: a crisis apparition, say, or a precognitive dream. Indeed, it appears as if the *environment* of the near-death subject is sensitized to a general psi potential.

## *The PSI-NDE Connection*

Near-death experiences are of interest to students of extended human mental abilities for at least three reasons: (1) they seem to generate psi phenomena; (2) they are the occasion for profound transpersonal and transformative experiences and (3) the combined effect of (1) and (2) produce, at least in the subjects themselves, an unusually intense

personal conviction of the reality of life after death, a vivid sense of immortality or eternity.

Psi may correlate with the NDE, temporally, in three different ways: as part of the anticipation of a near-death event; during an actual life-threatening episode, sometimes during the state of clinical death itself; or as part of the aftereffects of the near-death encounter.

*"Peak in Darien" cases.* Early researchers like Bozzano, as well as recent ones like Osis and Haraldsson (1977), found that dying subjects hallucinate deceased persons in significant numbers. Often the deceased person "seen" was long forgotten or far removed emotionally, or not known to be deceased. So-called Peak in Darien cases consist of the dying subject hallucinating a person, in an otherworldly setting, not known to be deceased. Bozzano and Barrett were intrigued by these cases and gave some good examples of them.

It is easy enough, in such cases, to assume that the dying subject hit the targets (deceased persons) by means of his or her own psi. However, one might think that if these responses were determined by the wish-fulfilling mechanisms of the personal unconscious of the dying subject, that just as many apparitions of living sources of emotional support would be conjured up. (A person on the brink of death is as likely to be thinking of intimate living relations as of deceased relations.) In any case, if the reports are authentic, they imply the use of psi.

*Precognition and other temporal oddities.* The idea that a person at death may suddenly acquire prophetic powers is part of legend and mythology. Socrates, in the *Phaedo*, alludes to this common belief and then proceeds to prophesy, incorrectly, about the fate of his persecutors. Some legends might be based on fact. Cases of near-death suggest that this is true of the myth of acquiring prophetic powers at the moment of death. However, here we need to distinguish between two types of such "powers": precognitive, where the target is specific and personal and prophetic visions, where the target is vague, general and essentially collective—for instance, geologic cataclysm or nuclear war.

Specific precognitive claims may of course be falsified; in my opinion, existing evidence for near-death precognition is weak. The "prophetic" type of expanded temporal awareness is also of interest. That is, prophetic near-death visions are examples of transpersonal states of consciousness, states in which the routine sense of personal identity is suspended and a kind of species mental activity comes into play. Ring (1984) has focused on this relatively rare type of prophetic vision.

There are cases in which the dying person becomes a target for someone else's precognitive experience. One of the most common themes of precognitive experience is death or death-threatening events

(Stevenson, 1970); however, this may not have anything to do with death *per se* but rather with the emotion it generates.

Next, there are crisis apparitions, in which the target person appears *before* the occurrence of death. We can also distinguish between cases in which the death foreknown is personal and when it is collective. Examples of the latter would be the Aberfan disaster (in which 128 children were killed in a landslide), the sinking of the Titanic, or assassinations of public figures like Lincoln or Kennedy.

Death-related expansions of temporal awareness may also be *retro*-cognitive; the target is often a battle or another scene of violent death. Further, some huntings seem linked to the death event itself and could be seen as a type of retrocognition or delayed crisis apparition. Finally, Stevenson (1974) has found that cases of reincarnation memories often rotate around events of unusual and violent death. Once again, these examples may have more to do with the emotionally charged memories themselves rather than with the process of dying or the death event itself.

*PK incidents.* A local florist told me that an old customer, taken ill, left one of her favorite cacti with him to care for. On the morning the woman died, a half a year later and several miles away, the cactus flowered in the florist shop. This, of course, may have been a coincidence, but it does follow a pattern of similar PK events coinciding with the moment of death. Bozzano (1923) compiled case histories of this type. The most common event was a picture falling at the moment of death; or a clock stopping; more rarely, a broken clock or timepiece would start at the moment of death. Reports exist of beds shaking, or being partially levitated; musical instruments apparently playing of their own accord (in one instance cited, three witnesses heard sounds of a piano; one is said to have observed the keys moving—see Bozzano, p. 164) and of other physical oddities coincident with the time of death.

*Out-of-body experiences.* Out-of-body experiences are common features of NDEs. The point is generally made that OBEs in themselves are not paranormal; still, there is anecdotal evidence of veridical OBEs. The following example is from a detailed report made by a nurse, Ms. J. Pietruszewski. The incident occurred in March, 1979, in Bayonne Hospital, Bayonne, New Jersey. The subject, JB, was a cultivated man, generally skeptical, a teacher by profession. JB had two NDEs. I will skip over the first, in which he went through a tunnel, saw light presences and held a dialogue with his deceased father. During the second cardiac arrest, JB saw the line on his machine go dead, watched a nurse come into the room and call for a "code blue"; he saw the men who came with a crash-cart; gave a detailed description of every step in the

resuscitation procedure (saw a large needle injected in his chest, fibrillators placed on him, his body jump, etc.). JB also described minutely the equipment used, its colors and the manufacturer's name; this equipment, moreover, was situated behind him and would have been impossible to observe. According to the nurse, the observations recalled were all accurate.

Reports like this exist in the literature. The work of cardiologist Sabom (1982) goes a step beyond anecdote. Sabom was especially interested in verifying the claims of OB perception during the NDE. He wondered if the accurate descriptions of cardiopulmonary procedures, perhaps paranormally observed by ND patients, were the result of educated guesses. To test this hypothesis, he interviewed patients with medical experiences similar to those who had NDEs, but who themselves had no ND episodes. They were asked to describe the same procedures described so accurately by NDErs, but all of them made at least one major error in their guesses. Such major errors were not evident in the descriptions of NDErs, thus bolstering the veridical status of the reported ND mediated OBEs. Blackmore (1983, p. 148) says the comparison is not fair, because the NDErs had possible auditory perception during their episodes, which could have helped them avoid making major errors. However, the most striking observations of the NDErs were visual not auditory. Blackmore also ignores the detailed reasons Sabom (1982, pp. 154-157) offers as to why he thinks it unlikely that his patients' veridical OBEs can be explained by semiconscious auditory perception.

*Apparitions.* So-called crisis apparitions are known to coincide with the moment of death. Here an apparition of a dying person is seen at a distance by another person. Sometimes the apparition appears before the person dies. For example, Patricia Morrison, wife of the popular musician, Jim Morrison, described to me how she saw an apparition of her husband at the foot of her bed in New York City, three days in advance of his death in England. Jaffe (1963) describes many such cases in a Swiss survey of psi phenomena. The English *Census of Hallucinations* provides perhaps the most well known cases of this type of death-related apparition.

The dying subject is "seen" by others; he or she may also "see" things. Peak in Darien type of apparitions (mentioned above) are veridical in the sense that they show paranormal awareness of individuals not known to be deceased. In addition, apparitions are seen, mainly of deceased persons, who usually serve to stop the visionary from advancing past certain barriers symbolic of death without return. The possible psi here comes to this. If these are hallucinations produced by

stress, they would consist of living loved and needed ones as much as of those deceased. But to a significant degree the apparitions are of deceased individuals, thus being more in accord with thinking of them as emissaries from a discarnate world. One oddity worth noting is the recurrent motif of apparitions of the deceased who will not be *touched*. I would have thought that if the unconscious were producing wish-fulfilling phantasms, it would have been more generous and granted the illusion of touch. After all, tactile hallucinations are common enough in dreams. Of course, we could always say that the conjuror of deceptive signs of postmortem survival made it appear just like this to trick the skeptic into belief.

In addition to apparitions of known persons, people on the verge of death also report seeing numinous light beings, landscapes and sounds of otherworldly beauty and so forth. These phenomena, while not paranormal, may be described as transpersonal. That is, they express a type of imagery that appears to be a property of the collective mind. For instance, the light beings are common to visionary experience in ancient Greece, American Indian shamanism, Buddhist and Christian mystical traditions, etc. (See Grosso, 1983). An example of such a transpersonal vision is reported by Benvenuto Cellini (1950) in his autobiography; the great renaissance figure was about to commit suicide in prison, when a force knocked him to the ground; then a dazzling apparition of a beautiful youth appeared, advised him against suicide, restored his spirits and discoursed to him on high spiritual matters.

The transpersonal visions during a death crisis assist, direct, encourage; we could say their chief property is telic—they facilitate movement toward future goals, survival, growth, ascent toward higher life. In the case of Cellini, the target was personal, namely Cellini himself. Sometimes, however, the visions are prophetic in a biblical sense and the target is collective, the message planetary (see Ring, 1984). In short, during certain types of NDE, transpersonal imagery and psychic energies are released, in which the goal seems to be to assist not only the individual, but the community at large. The typical pattern consists of witnessing light beings, who warn of coming calamity, but also foresee a new age, a rebirth of the spirit. Near-death visions point toward the future, the "beyond"; they inspire hope, release energy.

It seems to me that these transpersonal or archetypal images are on the borderline of the paranormal. That is, if the Jungians are right and archetypes stem from the collective layer of the mind and are properties, we might say, of Mind at Large, then there is no obvious normal physical accounting for them. The recurrent near-death imagery strikes me as itself evidence for these general patterns of thought,

called archetypes, typical images with strong psychic charges. In particular, evidence (Bush, 1983) that children have the usual near-death imagery (they don't have panoramic memories) seems to show that the ND pattern of imagery is not based on personal experience, but is rather a spontaneous manifestation associated with a *type* of situation, namely, near-death. The imagery, in short, just seems "built into" Mind at Large.

*Elation and other psychospiritual aftereffects.* Von Hugel (1963, p. 291) cites "supernatural joy" as a mark of spiritual life, speaking of "utter self-donation with entire spontaneity . . . supreme expansiveness and joy." (Saint Francis was an exemplar of supernatural joyfulness.) Near-death too seems to be an occasion for such episodes of "supernatural" or paranormal joy. Osis and Haraldsson found a significant incidence of elation, a sudden rise of mood on the threshold of death. These marked elevations of mood were not correlated with drug (opiates) intake, or with brain pathology. In fact, these conditions were negatively correlated with deathbed visions. Greyson (1982) confirmed this, finding that organic brain dysfunction reduced the incidence of near-death visions. Perhaps the mood elevations were due to endorphins produced spontaneously by the brain during stress, but this doesn't square with the phenomenology. The exaltations appear as the consequence of the dying subject's otherworldly vision. In any case, Sabom points to further medical difficulties with the endorphin theory. We cannot pursue this here, but it appears that dying subjects experience joy, serenity, elation, effects that seem altogether out of tune with their natural condition which, in many observed instances, consists of physical torment.

Unfortunately, the joy is shortlived with deathbed visions. However, in the typical NDE, the visionary often recuperates. This brings us to the aftereffects of these experiences. Whatever caused "supernatural joy" in deathbed victims may cause profound aftereffects in people who survive the ordeal and go on living. In the case of JB cited above, the following were noted: being in touch with feelings about himself; being less egocentric, more aware of others, especially their needs; greater psychic sensitivity (gets impressions from touching articles belonging to people); increased perceptiveness; increased zest for life; increased energy level; greater single-mindedness of purpose.

This isolated case is supported by more organized studies. For instance, Kohr (1982, 1983) found that near-death experiencers tend significantly to report psi and psi-related experiences more frequently than non-NDErs. Kohr used a special population, people of The Association for Research and Enlightenment, an Edgar Cayce group headquartered in West Virginia. However, results tally with those from

other groups. What these studies show is a *global* increase of sensitivity, a greater access to states of mind normally *unconscious*; thus, among "psi-related" experiences are listed deeper and more subtle access to dream life, to meditation processes and to ostensible memories of past lives. Mystical and deeply meaningful experiences were also reported more frequently among NDErs.

In the post NDE syndrome there is no sharp boundary between psychic and spiritual; OBEs, for instance, might be mystical, ecstatic, or shade off into veridical, but mundane cases. Kohr's findings were confirmed in a study by Greyson (1983), who offers several possible interpretations of the data. "The NDE appears to be not only psi-conducive for the duration of the experience, but psi-enhancing for the individual's subsequent life," Greyson (p. 29) concludes. Finally, Ring (1984) has made a detailed study of the psychospiritual aftereffects of deep NDEs; and again found a global transformation of awareness, sensitivities, values and goals.

*Sudden revivals prior to death.* It has often been noticed that individuals on the verge of death temporarily revive, gain strength, retrieve lost abilities, get up, walk around, eat heartily and, in general, give the appearance of rejuvenation. Cases have been reported of chronic schizophrenics becoming normal just before death. Despite extreme pain, individuals on the verge of death sometimes become considerate toward others, as if their sense of personal identity and capacity for sympathy suddenly enlarged. Pain is also observed to vanish on the verge of death, usually coincident with visionary experience.

So far as I know there exist no organized studies of this phenomenon of transient revival at the moment of death. Some observations that have been reported are puzzling enough to warrant further investigation. For instance, in a case cited by Osis and Haraldsson (1977, p. 131), a woman suffering from meningitis regained her normal self just before death.

These transient revivals on the threshold of death are hard to explain on the destruction hypothesis, according to Osis and Haraldsson, but are consistent with the idea of consciousness disengaging from the body at the moment of death. It is especially hard to account for the regressions to earlier stages of physiological functioning, lost presumably through progressive disease. One might wonder here if some form of retro-PK were involved. Apparitions of the dead are often described in optimal states, as they were prior to the onslaught of age and illness. Deathbed revivals may be transient psychokinetic analogues of this idealized image of the deceased that often appears in postmortem apparitions. In any case, more accurate information on these cases is

needed, especially cases in which physical capacities are apparently restored.

*Why is Near-Death Psi-Conducive?*

Let us assume then that near-death is conducive to a family of paranormal and transpersonal effects. Several interpretations of this are possible. To begin with, emotion is known to increase the incidence of psi events; the sheer disruptive intensity of death-related encounters is bound to generate a medley of powerful emotions—fear, love, regret, panic, all raised to a dramatic pitch of intensity.

According to Stanford's (1977) model of psi-mediated instrumental response, need is a powerful ingredient in the psi-favoring syndrome. In the crisis of death the organism's need to survive is likely to be keen. The need to survive may nonintentionally mobilize survival oriented behaviors and effects, which may assume odd forms.

Let's look at a few examples. PK effects, clocks stopping, paintings falling and so forth, might be read as expressions of the need to announce one's departure; earthly time indeed stops for the dead man, and indeed his picture, his *image* falls from the scheme of physical space. On the other hand, in cases where a broken timepiece starts up, or a plant flowers (as cited above), we may read a more positive expression of the death event. Crisis apparitions may express the need to communicate, to linger in the world, to go on making a mark, to penetrate the collective memory. The transient "resurrections" may reflect the need to grow young in the face of death.

Needs may come into play in many forms during the near-death crisis; these transient flickers of going beyond the limits of mortal existence may express mutant leanings toward immortality, toward a less bounded form of existence. We are not obliged, moreover, to see these effects as at odds with biology. All we know about natural life generally indicates a tendency toward expansion, duplication, multiplication and higher forms of integration. To put it mentalistically: all life wants more life. The evolution from sea to land to air to outer space, from prenucleated to supercomplex metazoans like ourselves, looks like a progression toward greater mastery of space and time. Ideas of survival, immortality, eternity—all, I believe, express a natural tendency of life to duplicate, multiply, expand itself.

We need not see, as Freud and Feuerbach did, deception and regression in the attraction to postmortem survival—literally, of "living beyond." We might *also* see in these trends the crest of an evolutionary wave, the will of the collective mind struggling to extend itself into a



new environment, a new sphere of being—into the noosphere, to use a word of de Chardin's. It seems to me that this need-relevant theory is a possibility with, however, various interpretations, especially when we take into account the idea of *collective* need.

*Mind at Large*

Another interpretation of the apparent psi-conduciveness of near-death employs the idea of Mind at Large; in brief, that ordinary sensory input masks awareness of what is already occurring at large, the continuous psi interactions that may be going on all the time. Something is psi-conductive, in this context, if it helps us detect the contents of this extended field of mental life; let us call this extended Self Mind at Large, unrestricted mind, the total field of psi potential.

As far as I know, it was Huxley (1963), in writing about his mescaline experiences, who introduced the term Mind at Large. A number of parapsychologists have alluded to this concept, which can be traced back to Bergson (1962). Honorton (1977) claims empirical data to support it. Clinical death would seem to achieve what ganzfeld, dreaming, meditation and hypnosis only approximate: the radical shift of attention from the plane of life, from the stream of sensory input. Randall (1975, p. 233) postulates a general mental factor as critical to a full account of the origin and evolution of life. In religion and philosophy we encounter many terms and descriptions of a greater, universal, or cosmic Mind.

It seems to me that we already have enough empirical data to suggest that personal minds are part of a transpersonal mental process or structure. Telepathy is one obvious example, which seems to show that the contents of one mind are not in principle private to that mind. Mystical, out-of-body, reincarnation, etc., experiences are different kinds of fact implying a larger possible identity of our mental life; finally, the archetypal experience seems also to imply a collective identity of mind or self, normally eclipsed in everyday life.

The metaphor of the "filter" is often used to describe the relationship between our individual brains and the total information system we are calling Mind at Large. Near-death and other conditions (certain drugs, for instance) would interfere with the efficiency of the "reducing valve" (or filter) of the brain. When this happens, the "mesh" widens and material normally closed to consciousness comes to the surface.

This idea of a "filter" or "reducing valve" is of course a crudely mechanistic metaphor. It is meant to describe a unique psychophysical interaction, through which normal awareness is contracted and dilated,

reduced to ordinary egoic or expanded to cosmic dimensions. With Bergson, attention to life, to bodily survival, is what contracts consciousness. Loss of attention to life, dramatically in evidence during clinical death, might then expand consciousness in the direction of Mind at Large. Reported psi and spiritual effects of near-death could then be evidence for our latent potential as Mind at Large.

On this theory then something about the psychophysical process or event of dying itself accounts for the increase of psi and psi-related effects. Let us list some possible ways of construing what goes on when the efficiency of the "reducing valve" is lessened.

As Bergson himself develops the idea in *Matter and Memory* (1962), blocking the "filter" provides access to total personal memory. "A human being who should *dream* his life instead of living it would no doubt thus keep before his eyes at each moment the infinite multitude of the details of his past history" (p. 201). It is worth noting here that a common feature of being on the threshold of death is the experience of a panoramic recall of the details of personal life. If, as Bergson held, the brain is only "an intermediary between sensation and movement" (p. 232) and if the brain, although it serves to remember what is useful for survival, functions "even more for the provisional banishment" of all other memories, near-death or clinical death might indeed widen access to the total potential of Mind at Large; for under near-death or clinical death conditions the sensorimotor (and hence restrictive) function of the brain would be drastically thrown out of "gear."

Attention having shifted dramatically from the plane of life toward internal states, the subject, in Bergson's phrase, is now free "to dream his life" instead of live it. In the near-death event, we could say he is *compelled* to dream his life. He enters into the whole pool of his personal memories and, in Bergson's sense, is liable to experience *duration*, the intense pattern of his whole personal history. This is one sense of Mind at Large, the total inner life of a personal mind.

But evidence of psi and archetypes enable us to widen and deepen the concept of the personal mind; it is possible to entertain a transpersonal dimension of mind, in part made up of archetypes and evinced by psi interactions. Once we join Bergson in assuming that the cerebral "transmits," but does not actually "produce" consciousness, the concept of the personal mind acquires an extended potential. It would include the whole range of archetypal imagery that belongs to the history of life on earth. It would also include the collective psi potential of the race, past and future. The concept of Mind at Large is a hypothetical construct based on observed phenomena. We could think of it as a development of Jung's objective psyche or perhaps of Myer's subliminal self. If Randall (1975) is right, we would have to pay heed to its evo-

lutionary function. Psi and the archetypes disclosed in NDE's may be pointing toward some new aspects of evolving Mind at Large.

According to West (1962), it is ordinary sensory input that restrains a spontaneous hallucinatory process. A similar view is developed by Hartmann (1975) about the underlying mechanism of hallucinations. The hallucinatory process is spontaneous. It is only, as Bergson would say, sensorimotor equilibrium that inhibits the unrestrained activity of our mental life. Whatever blocks sensory input and motor output, unharnesses the inner life, memory, which, when it projects itself, becomes what we call hallucination. I interpret West and Hartmann as, in my terms, showing the spontaneity, the original creative function of our mental life. We find its effect everywhere, in art, mythology and science. It is, I believe, a property we may ascribe to Mind at Large, and may be a factor in the evolution of new forms of life, including new forms of culture.

All this must surely raise more questions than I can hope to answer. My purpose here is just to raise the question of some possible relations between what appears to be the psi-conduciveness of death-related phenomena and the notion of Mind at Large.

In conclusion, it does seem possible to suppose that as death nears, or devitalization of the brain occurs—through reduction of glucose (as from fasting), hypercarbia, hypoxia, temporal lobe seizures, or an indefinite number of possible procedures—a latent, undetected, repressed level of extended mental functioning might manifest. But very little is known of the mechanisms involved in the “filtering” process; at this point we have rough descriptions at best. We can talk about attention to life being reduced, about Honorton's shift toward internal states, about the reduction of sensory input and the spontaneous hallucination process. But what is happening here at the level of neurology and physics remains obscure. Despite increasingly fine-grained descriptions of the neural plane, it remains unclear how consciousness, a logically distinct kind of thing, emerges from occurrences within the nervous system. It may be, as some philosophers believe (Lewis, 1969), that we must accept mind as irreducibly given and thus will never be able to catch mind springing like a genie out of matter.

One of Bergson's favorite themes was the danger of trying to explain mind in terms of concepts derived from the experience of matter. Even more likely is a similar danger in trying to understand psi, using models based on the geometry of physical space. The metaphor of a “filter,” handy reminder of a logical possibility, is valuable as a possible source of experiments. One could tackle the near-death front with ketamine and hypercarbia or LSD. We could also take our cue from Bergson: what keeps our psi and our spirit in chains is the fixation of attention

on survival of what Freud would call the body ego. It is this anxious, selfish will to survive at all costs that keeps us insulated from the open sea of Mind at Large. A new trend in research might yet point us toward cultivating a new attitude toward life itself: a new openness, a new freedom from the compulsion to survive, from what Schopenhauer would call the blind will to live; the irrational craving for existence that Buddhism deems the cause of all suffering. This would be a different kind of experiment indeed. Psi studies may contain clues for embarking on the master experiment: life in quest of greater mindfulness.

#### BIBLIOGRAPHY

- Barrett, W. *Death-bed Visions*. London: Methuen, 1926.
- Bergson, H. *Matter and Memory*. London: Allen and Unwin, 1962.
- Blackmore, S. "Are out-of-body experiences evidence for survival?" *Anabiosis*, 1983, 3, 2, 138-155.
- Bozzano, E. *Phenomenes Psychiques Au Moment De La Mort*. Paris: 1923.
- Bush, N. "The near-death experience in children: Shades of the prison-house reopening." *Anabiosis*, 1983, 3, 2, 177-194.
- Cellini, B. *Autobiography*. New York: Modern Library, 1950.
- Greyson, B. "Organic brain dysfunction and near-death experiences." Paper presented at the American Psychiatric Association 135th Annual Meeting, Toronto, 1982.
- Greyson, B. "Increase in psychic phenomena following near-death experiences." *Theta*, 1983, 11, 2, 26-29.
- Grosso, M. "Jung, parapsychology, and the near-death experience: Toward a transpersonal paradigm." *Anabiosis*, 1983, 3, 1, 3-38.
- Hartmann, E. "Dreams and other hallucinations: an approach to the underlying mechanism." In R. K. Siegel and L. J. West (Eds.), *Hallucinations*. New York: John Wiley and Sons, 1975, 71-81.
- Horton, C. "Psi and internal attention states." In B. Wolman (Ed.), *Handbook of Parapsychology*. New York: Van Nostrand Reinhold, 1977, 435-472.
- Huxley, A. *The Doors of Perception*. New York: Harper and Row, 1963.
- Jaffe, A. *Apparitions and Precognition*. New Hyde Park: University Books, 1963.
- Kohr, R. "Near-death experience and its relationship to psi and various altered states." *Theta*, 1982, 10, 3, 50-53.
- Kohr, R. "Near-death experiences, altered states, and psi sensitivity." *Anabiosis*, 1983, 3, 2, 157-176.
- Lewis, H. D. *The Elusive Mind*. New York: Humanities Press, 1969.
- Moody, R. *Life After Life*. Atlanta: Mockingbird Books, 1975.
- Osis, K. and Haraldsson, E. *At The Hour of Death*. New York: Avon Books, 1977.
- Randall, J. *Parapsychology and the Nature of Life*. New York: Harper and Row, 1975.
- Ring, K. *Heading Toward Omega*. New York: William Morrow, 1984.
- Sabom, M. *Recollections of Death*. New York: Harper and Row, 1982.
- Stanford, R. "Conceptual frameworks of contemporary psi research." In B. Wolman (Ed.), *Handbook of Parapsychology*. New York: Van Nostrand Reinhold, 1977, pp. 823-858.
- Stevenson, I. "Precognition of disasters." *Journal of the American Society for Psychical Research*, 1970, 64, 2.
- Stevenson, I. *Twenty Cases Suggestive of Reincarnation*. Charlottesville: University Press of Virginia, 1974.
- Von Hugel, F. *Essays and Addresses: Second Series*. New York: Dent, 1963.
- West, L. J. *Hallucinations*. New York: Grune and Stratton, 1962.

DISCUSSION

SCHOUTEN: Your central theme is the relationship between NDEs and psi. It strikes me from what you said that it is not so much the NDEs themselves that are typical of psi experiences; it is others who have psi experiences when another person is about to die. You cite falling objects, clocks that stop, apparitions, etc. Those are all psi experiences by others. That makes a difference to my mind. Those samples you cite are what I would call ESP experiences. I think at least surface studies, amongst others by Louisa Rhine and my own attempts in this direction, point more in the direction that it is the percipient who is the critical character in ESP experiences and not the target person. So I had a little doubt about the connection.

GROSSO: I did make the point that there were both. What I suggested was that, whether the percipient is picking it up or whether the subject is having an unusual experience, whether it be psi related or transpersonal, the phenomenon of death itself is related to psi. That was the main point I was trying to make in my paper and then I tried to explain why. I do not see how you could isolate the percipient from the target in this case.

SCHOUTEN: No, in principle you are right, but I think you can demonstrate that, with most variables, the relationships you find turn out to be relationships with the percipient and not with the target person. Then I think you have strong indications that it is the percipient who is the most important character in the ESP experience. I think the data so far point in that direction.

GROSSO: Well, I am not sure of that. That is something I need to look at in greater detail.

BENOR: Healers look at death from a very different perspective than other people. They see death as a transition that is not to be feared, that is not to be seen as a trauma so much as just a moving from one state of being which is actually more limited to one which is less limited. And some actually view it as a final form of healing. Our perspective may limit the questions that we are asking. I certainly applaud the blending of the transpersonal with the parapsychological. I think if we ask questions from a perspective which allows for the possibility of life after death in the same objective way that we ask questions about the materialistic side, we may come up with different answers to our questions or a different range of answers which broaden our own perspectives.

GROSSO: That is an interesting comment. I just want to add one thing on the survival question. I personally do not believe that near-

death experiences in any really strong way can be construed as favoring the survival hypothesis. If you look at these phenomena in the context of the total ensemble of survival evidence then perhaps they can be seen as at least consistent. But if the proof of survival depended upon the NDEs that are being currently studied, I would not even begin to entertain it as a valid hypothesis. What interests me about these experiences is partly their state specific implication, because it seems to me that the issue of death is so momentous that if we have a phenomenon that induces in a subject a total transformation of personality and a conviction of the reality of life after death, that is something important that we need to take into consideration. But I would ultimately want to see that dimension in connection with the evidence for psi and the other types of much more compelling evidence for survival, such as the evidence of mediumship and apparitions.

WYNN: I am concerned about ways in which we might get qualitative indications of ESP in some of the near-death experiences. I am just wondering about the case you mentioned of the man from Bayonne. You have indications that there are whole episodes when someone is extrasensorily aware of events taking place at a distance or nearby when the body is in a state that would not ordinarily be thought possible of experiencing anything. Do you have much indication of the longest time periods during which people have presumably been clinically dead?

GROSSO: The impression I get from reading and talking to nurses and to people who do this kind of reasearch is that the periods of clinical death that have been empirically reported are much longer than the four minutes that was previously deemed possible. We have heard a lot about that four minute period after which the brain becomes irreparably damaged, but I have come across reports of states of clinical death much longer than that alleged time, as much as ten or twelve minutes. The longer the period of clinical death, the deeper the experience and often the most veridical in content. But I did not quite understand your first question about the man from Bayonne. Was that a question or was that a comment?

WYNN: No, I was just wondering if there is a technique to use in rating the quality of ESP, such as if it was very accurate for detail or took in many aspects of an episode over time more than the regular garden variety of ESP that might ordinarily be reported in a spontaneous case or is ordinarily obtained in laboratory settings.

GROSSO: The only person who has done that carefully is Sabom and he had the opportunity being the physician on the spot. I tried to arrange a project at a hospital in town where I teach through some nurses who are students of mine and I could not get the cooperation

of anybody. They were really turned off. To do research in a hospital setting, which would be the ideal thing to do, is an uphill task unless you have very sympathetic medical personnel.

HEARNE: On that very subject, I am more optimistic about the possibilities of experimentation in this field. Perhaps the attitude is different in England. It does seem to be more positive. I would suggest a simple, crucial experiment to test for a psi component in the out-of-body experience or as psi knowledge which is influencing imagery. That could be conducted with the cooperation of medical authorities. In addition to the normal resuscitation procedure a card should be displayed in the resuscitation room at a place not visible to the subject, as a matter of course. Now perhaps also a tape could be played. Later after resuscitation the subject could be interviewed to ascertain what if anything was accurately seen. This is not only of vital interest from the parapsychological point of view, but if there is evidence that so-called clinically dead people can hear what is going on around them, this is of profound importance in the matter of human organ transplantation. Transplantable organs are whipped out pretty quickly. If people actually can be conscious when they are just about clinically dead, it is clearly wholly unethical and monstrously cruel to remove organs at that point. So research here is essential and can be relevant to both medicine and parapsychology. I think it is important that we should test for ordinary psi in subjects approaching death. I am sure there would be lots of cooperative subjects in such a study. If there is a sort of loosening of the mind component near death, it may be that psi performance improves the closer one is to death. So what is required is just frequent testing of psi, possibly using automatic electronic equipment with cooperative dying persons. Given enough subjects, even a small consistent effect would become very obvious to statistical averaging.

GROSSO: I think those are laudable ideas, but they presuppose that the medical people are going to cooperate and I do not know about that.

MISHLOVE: Michael, in relation to the Peak in Darien cases, you state that the issue of whether these cases are indicative of psi comes down to this, that if the hallucinations were produced by stress they would consist of living loved persons as well as deceased.

GROSSO: The idea deals with cases reported in which a child, for instance, is dying and sees a vision of Harry and John, who are known to be deceased and there is Peter, not known to be deceased, but Peter in fact is deceased, which was not known to the child. That is an example of a Peak in Darien case. It would seem to imply psi.

MISHLOVE: When visions are reported of individuals who are not

known to be deceased, what percentage of these individuals are actually deceased and what percentage are living?

GROSSO: I am assuming that they are in fact deceased.

MISHLOVE: But it is ever the case that people report apparitions or images of individuals who are, in fact, living?

GROSSO: Yes. I think Osis addressed that question. But he found that to a statistically significant degree it was a preponderance of deceased persons envisioned.

MISHLOVE: Now this is my question. Getting back to Osis' report, although there was a preponderance of deceased persons, did he attempt to factor out those who were already known to be deceased and simply limit his study to those who were not known to be deceased? I think it is the key point. If you are going to look at these Peak in Darien cases to cite them as evidence for psi, what you want to be able to say is that it is not just an artifact. It would be an artifact if many people were reported who were not known to be deceased. If you just simply say that of the preponderance of people reported the percipient knew that they were deceased, you would have to eliminate them from your sample.

WEINER: I think he is asking, what is the percentage of Peak in Darien cases in Osis' study?

GROSSO: Osis does not deal with Peak in Darien cases. There are two types of cases we are talking about. The Peak in Darien cases involve instances where the subject perceives a person in an other worldly setting not known to be dead. That is one type of phenomenon called the Peak in Darien. The other type of case that Osis studied and cited as evidence favoring the survival hypothesis, is one in which most of the time people during the deathbed visions see people who are already deceased whether they know that these people are deceased or not. He construed that as evidence, not necessarily of psi, but as favoring the survival hypothesis. The reasoning was that if a person was simply hallucinating, as I suggested in my paper, why would they not hallucinate just as many living people as they would deceased people? After all, if you are dying and you are just conjuring up subjective hallucinations and reaching out for emotional support in the process, I would think that you would tend to perceive or hallucinate just as many living people as you would deceased people.

ROLL: Would you care to make any further remarks about the fact that there seems to be a transforming aspect to near-death experiences. People seem to have a long-term change in their perception of death and of life, too.



GROSSO: That is one of the most consistent findings in the near-death experience; the change in attitude toward death, which results from a state specific awareness of the reality of a life after death. There is the immediate experience of being infused with some powerful mystical, life-transforming emotion which obliterates the death anxiety. It is something hard to talk about unless you have had this experience. We can only speculate and imaginatively try to sympathize with this type of experience. In Kenneth Ring's recent book, *Heading Toward Omega*, he speculates that these experiences might be giving us a foretaste of a new type of humanity. These may perhaps provide a model for the next stage of evolution of human consciousness. There is a lot of talking about evolution of consciousness in transpersonal psychology. At least, this provides an empirical model for what that transformation might consist of.

HANSEN: At the beginning of your talk you briefly alluded to some near-death researchers' antipathy toward parapsychology. Could you explain that?

GROSSO: I will give an example. In Michael Sabom's book, *Recollections of Death*, there are barely any references to the parapsychological literature on near-death experience or psychic phenomena in general. Why? What is the motive behind it? He is trying to make a case to his fellow physicians for the validity of these phenomena. He seems to prefer not associating his work with parapsychology—which is stigmatized by the scientific establishment. I could provide more anecdotal material here, but I do not feel it is my place to do so. It is dangerous in some professions nowadays to display an interest in the paranormal.

PALMER: I think you have hit upon an extremely serious problem that affects not only research on near-death experience, but parapsychology in general. What I would like to stress is that there are academic freedom issues involved here. I think we should be much more aggressive than we have been in the past in putting those on the table.

GROSSO: I can agree. I have been teaching a course in parapsychology at a school in New Jersey for about seven or eight years. It is extremely popular. But I get feedback from students that when they go to advisors, the advisors urge them not to take my course because there is a risk that it is going to damage their careers.